

FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

| Title of Invention | Overload Protection Device and Machine Tool Having Such Overload Protection Device | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------|--|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|----|-----|------------------------|--|------|----|---|--|--|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | | Thomas Robieu | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | | A 92 185 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 898 | | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>790</td><td>790</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 790</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 790 | 790 | | | | Subtotal For Basic Filing Fees: \$ 790 | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 790 | 790 | | | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 790 | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 26</td><td>6</td><td>1202</td><td>18</td><td>108</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>88</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 108</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 26 | 6 | 1202 | 18 | 108 | Independent Claims : 3 | 0 | 1201 | 88 | 0 | | | | Subtotal For Extra Claims Fees: \$ 108 | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Total Claims : 26 | 6 | 1202 | 18 | 108 | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 1201 | 88 | 0 | | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Extra Claims Fees: \$ 108 | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit account number: | | 501199 | | | | | | | | | | | | | | | | | | | | | |
| Access Code | | **** | | | | | | | | | | | | | | | | | | | | | |
| Deposit name: | | Gudrun E. Hockett | | | | | | | | | | | | | | | | | | | | | |
| Deposit authorized name: | | Gudrun E. Hockett | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | /Gudrun E. Hockett/ | | | | | | | | | | | | | | | | | | | | | |
| Date (YYYYMMDD): | | 2004-10-15 | | | | | | | | | | | | | | | | | | | | | |
| Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h). | | | | | | | | | | | | | | | | | | | | | | | |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | |